Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds

Mental Health Trust Fund

4th Quarter Report for the 2007-08 Fiscal Year

For the County/City of _____

DEPOSITS	APRIL	MAY	JUNE	TOTAL	
1. Sales Tax					
a. Allocation					
b. Less: State Hospital Offset					
c. Less: Managed Care Offset					
d. State Hospital Adjustments					
e. Total Sales Tax Revenue					
County/City Matching Funds					
a. Mental Health Match					
b. Vehicle License Fees Annual Base					
c. Total Matching Funds					
3. Other (identify)					
Total Funds Deposited					
DISBURSEMENTS					
5. Transfers to Operating Funds					
6. Other (identify)					
7. Total Funds Disbursed					
TRANSFERS					
Transfers In (Out) to Other Trust Funds					
Questions concerning the preparation of this report	rt should be directed to				
additions concerning the proparation of this repor	t should be uncoted to _				
Telephone No. ()					
Certification:					
As Mental Health Director for the County/City of		, I certify	_, I certify that the amounts stated on this report are true,		
accurate, and complete.					
	()				
Mental Health Director Telephone No. As Auditor-Controller for the County/City of		D.	Date, I concur with the Mental Health Director that the amounts		
		, I cond			
stated on this report are true, accurate, and compl	ete.				
Auditor-Controller	() Telephone No		Date		

MENTAL HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2007-08 Fourth Quarter Report

- Reports must be returned by September 2, 2008, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- Report 2007-08 fourth quarter deposits made April through June 2008.
- Refer to the remittance advice received with your payments.
- Do not enter amounts in gray areas.

Deposits

1	1	Sal	les	tax

a. Allocation In columns titled "April, May, and June" enter the total amount allocated W & I Code Sec. 17601 April 25, May 27, and June 27, 2008, respectively.

b. Less: State Hospital Offset W & I Code Sec. 17601

In columns titled "April, May, and June," enter the State
Hospital Service contract offsets made in April through June 2008.
Note: Counties making direct payments should enter -0- and refer to line 6.

c. Less: Managed Care Offset In columns titled "April, May, and June," enter the Managed Care Program offset amounts made in April through June 2008.

d. State Hospital Adjustments In column titled "April," enter the State Hospital Adjustments made in April 2008.

e. Total Sales Tax Revenue Enter the total of lines 1a, less 1b, less 1c, and 1d.

2. County/City Matching Funds

a. Mental Health Match W & I Code Sec. 17608.05 Enter the amount of local matching funds deposited from April through June 2008 in accordance with the schedule developed by the State Department of Mental Health.

b. Vehicle License Fees Annual Base In the columns titled "April, May, and June," enter the amount deposited on April 25, May 27, and June 27, 2008, respectively.

c. Total Matching Funds

Enter the total of lines 2a, and 2b.

3. Other (identify)

Enter and identify all miscellaneous deposits.

4. Total Funds Deposited

Enter the total of lines 1e, 2c, and 3.

Disbursements

5. Transfers to Operating Funds

Enter the total amounts transferred to other funds for spending purposes.

6. Other (identify)

Enter and identify any other disbursements made during the fourth quarter.

7. Total Funds Disbursed Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other Trust Funds

W & I Code Sec. 17600.20

Enter the transfers In (Out) between trust fund accounts.

Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds Health Trust Fund

4th Quarter Report for the 2007-08 Fiscal Year

For the County/City of _____

DEPOSITS	APRIL	MAY	JUNE	TOTAL
1. Sales Tax				
a. Allocation				
2. County/City Matching Funds				
a. Health Match				
b. Vehicle License Fee				
i. Allocation				
ii. Less: CMSP Offset				
c. Total Matching Funds				
3. Other (identify)				
4. Total Funds Deposited				
DISBURSEMENTS				
5. Transfers to Operating Funds				
6. CMSP Payments				
7. Other (identify)				
8. Total Funds Disbursed				
TRANSFERS				
9. Transfers In (Out) to Other Trust Funds				
Other Hust Funds				
Questions concerning the preparation of t Telephone No. ()_	his report should be directed	to		
Certification:				
As Health Director for the County/City of _		, I certify	that the amounts stated on this	s report are true,
accurate, and complete.	()			
Health Director	ı elepno	one No.	Date	
As Auditor-Controller for the County/City of	of	, I con	cur with the Health Director tha	at the amounts
stated on this report are true, accurate, ar	d complete.			
	()			
Auditor-Controller	Telepho	one No.	Date	

HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2007-08 Fourth Quarter Report

- Reports must be returned by September 2, 2008, to State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- Report 2007-08 fourth guarter deposits made April through June 2008.
- Refer to the remittance advice received with your payments.
- Do not enter amounts in gray areas.

Deposits

1. Sales Tax

a. Allocation In columns titled "April, May, and June" enter the total amount W & I Code Sec. 17603 allocated April 25, May 27, and June 27, 2008, respectively.

2. County/City Matching Funds

a. Health Match In columns titled "April, May, and June" enter the gross amount W & I Code Sec. 17608.10(a) of local matching funds deposited from April through June 2008, based on the schedule shown in W & I Code Section

17608.10.

b. Vehicle License Fee W & I Code Sec. 17608.10(b)

i. Allocation Enter the amount of county/city matching funds deposited as

Vehicle License Fees in the columns titled "April, May, and June," enter the total amount allocated on April 25, May 27,

and June 27, 2008, respectively.

ii. Less: CMSP Offset In t W & I Code Sec.17604.05

In the column titled "April," enter the amount of the County Medical Services Program offset from April 2008. Note:

Counties making direct payments should enter -0- and refer to

line 6.

c. Total Matching Funds Enter the total of line 2a, 2b(i), less 2b(ii).

Other (identify)
 Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1a, 2c, and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending

purposes.

6. CMSP Payments Enter the amounts from counties/cities making direct CMSP

payments to the Department of Health Services.

7. Other (identify) Enter and identify any other disbursements made during the

fourth quarter.

8. Total Funds Disbursed Enter the total of lines 5, 6, and 7.

Transfers

Transfers In (Out) to Other Trust Funds, Enter the transfers In (Out) between trust fund accounts.
 W & I Code Sec. 17600.

Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds

Social Services Trust Fund

4th Quarter Report for the 2007-08 Fiscal Year

For the County of					
DEPOSITS	APRIL	MAY	JUNE	TOTAL	
1. Sales Tax					
a. Allocation					
2. Vehicle License Fees					
a. Vehicle License Fees Annual Base					
3. Other (identify)					
4. Total Funds Deposited					
DISBURSEMENTS					
5. Transfers to Operating Funds					
6. Other (identify)					
7. Total Funds Disbursed					
TRANSFERS					
8. Transfers In (Out) to Other Trust Funds					
Questions concerning the preparation of	of this report should be direct	ed to			
Telephone No. ()					
Certification:					
As Social Services Director for the Cou	nty of	, I certify	y that the amounts stated on	this report are true,	
accurate, and complete.					
Social Services Director	() Telephone		 Date		
As Auditor-Controller for the County of		, I concur with th	e Social Services Director th	at the amounts stated	
on this report are true, accurate, and co	omplete.				

Telephone No.

Date

Auditor-Controller

SOCIAL SERVICES TRUST FUND INSTRUCTIONS

Instructions for the 2007-08 Fourth Quarter Report

- Reports must be returned by September 2, 2008, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- Report 2007-08 fourth quarter deposits made April through June 2008.
- Refer to the remittance advice received with your payments.
- ♦ Do not enter amounts in gray areas.

Deposits

1. Sales Tax

a. Allocation In columns titled "April, May, and June" enter the total amount allocated

April 25, May 27, and June 27, 2008, respectively.

2. Vehicle License Fees

a. Vehicle License Fees In columns titled "April, May, and June" enter the total amount allocated

Annual Base April 25, May 27, and June 27, 2008, respectively.

3. Other (identify) Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1a, 2a and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

6. Other (identify) Enter and identify any other disbursements made during the fourth

quarter.

7. Total Funds Disbursed Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other

Trust Funds

W & I Code Sec. 17600.20

Enter the Transfers In (Out) between trust fund accounts.